EXHIBIT 5

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW JERSEY

IN RE JOHNSON & JOHNSON TALCUM POWDER PRODUCTS MARKETING, SALES PRACTICES, AND PRODUCTS LIABILITY LITIGATION	)	MDL NO. 16-2738(FLW)(LHG)

IN THE CIRCUIT COURT OF THE CITY OF ST. LOUIS
STATE OF MISSOURI

VALERIE SWANN, Plaintiff, v. JOHNSON & JOHNSON, et al., Defendants.	)	Cause No. 1422-CC09326-03

Tuesday, September 14, 2021

Oral Deposition of JUDITH WOLF, M.D., VOLUME 2, held at the Fairmont Hotel, 101 Red River Street, Austin, Texas, commencing at 8:53 a.m. CDT, on the above date, before Michael E. Miller, Fellow of the Academy of Professional Reporters, Certified Court Reporter, Registered Diplomate Reporter, Certified Realtime Reporter and Notary Public.

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1 although her genetic testing was negative,
2 she did have a family history of [redacted] that
3 was significant.
4 Q. Any other contributing causes
5 for Ms. Bondurant's clear-cell ovarian
6 cancer?
7 A. She gave a history of
8 [redacted], but we don't have any
9 pathology or an operative report from her
10 [redacted] when she had had that prior to
11 know whether that was pathologically
12 confirmed, which is -- [redacted] is
13 confirmed at the time of surgery.
14 Q. If, in fact, she did have
15 endometriosis, that would be a contributing
16 cause as well, correct?
17 A. It would be a risk factor.
18 Q. Any other contributing causes
19 or -- and let me stop there.
20 We talked yesterday, and I
21 believe you agreed, that there is a
22 difference between a risk factor and cause;
23 is that right?
24 A. Yes.
25 Q. You believe that in her case,

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1 that talcum powder is a substantial
2 contributing cause, correct?
3 A. Yes. Yes.
4 Q. She does have other risk
5 factors which may be contributing causes.
6 Is that a fair summary of your
7 testimony?
8 A. Well, she had -- her other risk
9 factor that I know for sure that she has was
10 the family history.
11 Q. And that's the maternal aunt
12 with [redacted]; is that right?
13 A. Yes.
14 Q. And also a mother that had
15 [redacted]?
16 A. I'm just trying to find her
17 family history in my report.
18 Q. Page 24, I believe.
19 A. Yes. Maternal aunt with
20 [redacted] and mother with [redacted].
21 Q. Ms. Bondurant's mother also had
22 an [redacted]; is that right?
23 A. That's no relationship to
24 ovarian cancer.
25 Q. That is not a risk factor?

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1 A. No. There are 300 -- 300,000
2 women every year in the U.S. who have
3 surgeries for ovarian masses, and 20,000 or
4 21,000 of them are ovarian cancer. Having a
5 benign mass on your ovary is not a risk
6 factor for ovarian cancer.
7 Q. And in your view, it's not --
8 well, let me withdraw that.
9 You agree that -- strike that.
10 Do you agree that a
11 first-degree relative with ovarian or breast
12 cancer increases a woman's risk for ovarian
13 cancer?
14 A. So a first-degree relative with
15 ovarian cancer or a first-degree relative
16 with premenopausal breast cancer does, and so
17 she had -- her aunt would not be a
18 first-degree relative. Her mother -- I don't
19 know that we know what age her mother was
20 diagnosed with [redacted]. I don't have
21 that right in front of me. I'd have to look
22 through the records again.
23 But those two things, that she
24 has two family members with [redacted] and
25 [redacted], I think is a risk factor,

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1 even though her genetic testing is negative.
2 Q. This family history increases
3 her lifetime risk of ovarian cancer up to two
4 times; is that right?
5 A. Yes.
6 Q. Even though Ms. Bondurant
7 tested negative for BRCA, she still was at
8 two times increased risk for ovarian cancer,
9 given her family history of a first-degree
10 relative with [redacted] and maternal aunt
11 with [redacted], correct?
12 DR. THOMPSON: Object to form.
13 A. So given that she has this
14 family history, I think she's still at
15 increased risk.
16 BY MR. ZELLERS:
17 Q. Her family history would be a
18 significant contributing cause; is that your
19 opinion?
20 A. It's a risk factor.
21 Q. All right. It's a risk factor,
22 and it could be a significant contributing
23 cause, fair?
24 A. Well, ovarian cancer is a
25 multifactorial disease, and if she had a

confirmation of that or surgical confirmation.

Q. As we talked yesterday, endometriosis is a risk factor for ovarian cancer; is that right?

A. Endometriosis is a risk factor for ovarian cancer.

Q. You did not include endometriosis as a potential risk factor for Ms. Bondurant because we do not have pathology or an operative report from her [redacted] to confirm this.

That's on page 24 of your report. Is that right?

DR. THOMPSON: Object to form.

A. That's not what I -- it says. I said did she have other risk factors, and I listed endometriosis --

BY MR. ZELLERS:

Q. The quote I have on page 24 of your report is you did not include endometriosis as a potential risk factor because, quote: We do not have pathology or an operative report from her [redacted] to confirm this.

Did I miss --

DR. THOMPSON: Object to form.

Can you show us the quote?

A. Can you show -- because that's not what it says on my report here.

BY MR. ZELLERS:

Q. So I'm looking at page 24, number 7.

A. Yes.

Q. This is Exhibit 6. Endometriosis. We do not have pathology or an operative report from her hysterectomy to confirm this.

Are those your words?

A. Those are my words. What you said before was that I said I discounted this or I did not consider this because we don't have that.

Q. All right. So you would include endometriosis as a potential risk factor, fair?

A. So I'm saying that -- I'm saying exactly what she says there. She gives a history. I don't have a confirmation of it. So I don't know whether to include that or not include that.

Q. Well, you're aware that Ms. Bondurant herself, before she passed, reported that she was diagnosed with [redacted] by Dr. Gardner in 1980, correct?

A. Yes.

Q. She also reported to her gynecologic oncologist, Dr. Shank, that she had a history of [redacted]; is that right?

A. Yes.

Q. Wouldn't Ms. Bondurant have been a reliable source of information as to whether she had been diagnosed with [redacted]?

DR. THOMPSON: Object to form.

A. The only way to diagnose [redacted] is via surgery, and I'm not aware that she had any surgery in 1980 that would have confirmed that.

BY MR. ZELLERS:

Q. So the only legitimate way or viable way to diagnose endometriosis is when a woman has surgery?

A. In order to diagnose endometriosis, the standard way to diagnose it is to do surgery to look to see if you find it. In most women that's done via laparoscopy. Some women have a laparotomy, a bigger incision in the abdomen.

There are symptoms of endometriosis, but you can't confirm it without surgery.

Q. So you, as a treating physician, if you had a patient who told you that she had been diagnosed with endometriosis, you would not rely on that and you would not believe that patient unless she showed you or proved it to you in some way with medical records?

DR. THOMPSON: Object to form.

A. I would ask her how was it diagnosed, and if she didn't have a surgical diagnosis, I would assume it was presumed endometriosis without any confirmation.

BY MR. ZELLERS:

Q. All right. Well, neither Dr. Gardner nor Dr. Shank say presumed endometriosis, do they?

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DR. THOMPSON: Object to form.
A. That's neither here nor there to me. You asked me what I would do.
BY MR. ZELLERS:
Q. All right. So you would not believe a patient unless they had a surgical record that they had endometriosis?
DR. THOMPSON: Object to form.
A. I would not confirm the diagnosis of endometriosis without -- without surgical intervention to prove it. I'm not saying the patient is lying.
I'm saying that the patient -- someone may have told her she had endometriosis, but without surgical confirmation, you can't make the diagnosis.
BY MR. ZELLERS:
Q. So if a patient, hypothetically, came to you and said that they had endometriosis --
A. I would ask them how was it diagnosed.
Q. All right. And if they said I had surgical confirmation, you would accept that?

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A. Yes.
Q. And if they didn't say they had surgical confirmation, you would reject it and consider them not to be truthful, or at least not to have had a history of endometriosis?
DR. THOMPSON: Object to form.
A. You are putting words in my mouth. What I said was that I would consider it presumed endometriosis without confirmation.
BY MR. ZELLERS:
Q. Would it have been wrong for Dr. Shank to have accepted her history of endometriosis --
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. -- without surgical confirmation?
DR. THOMPSON: Object to form.
A. Dr. Shank is free to do whatever he wants in his medical records, and -- and I can't remember if Dr. Shank was her gynecologic oncologist at the time of her diagnosis, but at the time of her diagnosis,

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the most important thing was figuring out what was going on and taking care of her ovarian cancer.
And what he or she -- again, I don't know if it's a man or a woman -- put in their chart, I'm not in charge of that.
BY MR. ZELLERS:
Q. Same question with Dr. Gardner. It would be --
A. Same answer.
Q. -- wrong -- okay.
You do rely on your patients to give you their medical history when they come to see you, correct?
A. Yes.
Q. And do you generally believe women when they give you their medical history?
A. I said it's not that I wouldn't believe someone who told me they had endometriosis. I would not consider it confirmed unless I had a diagnosis that confirmed it.
Q. And so you would not consider it in a differential diagnosis unless you had

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proof, surgical confirmation of endometriosis?
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. Is that your testimony?
A. No. A differential diagnosis is when somebody has symptoms or findings, clinical findings or symptoms, and you say what could be causing this? Well, it could be this or this or this. And if one of those things is endometriosis, the way I would confirm that or rule it out would be surgery. And that is the standard of care.
Q. Do you agree that endometriosis, if, in fact, Ms. Bondurant had endometriosis, would double a woman's risk of clear-cell ovarian cancer?
DR. THOMPSON: Object to form.
A. It increases her risk of ovarian cancer for sure --
BY MR. ZELLERS:
Q. Would it --
A. -- endometriosis.
Q. Would it double her risk?
A. The risk is about twice, yes,

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just the --
A. No. Stop. One second.
So there were 49,000 women in the study and 23,000 had ovarian cancer -- ovarian endometriosis, so can we round that to half.
And so that would be if somewhere between 500,000 and a million women had ovarian endometriosis, then their chances of getting clear-cell ovarian cancer was 1,000 times higher than the general population, and we would see a lot more clear-cell ovarian cancer than we do.
Q. You're not disputing the results. You may be disputing my question and my interpretation of the results, but you're not disputing that, at least according to this article, Deposition Exhibit 37, that regardless of the type of endometriosis, this study found an increased risk of clear-cell ovarian cancer of 5.17, correct?
A. I'm not disputing that result.
Q. And similarly, the authors found an increased risk -- if it was ovarian endometriosis, there was an increased risk of

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clear-cell ovarian cancer of 10.1, correct?
DR. THOMPSON: Whoa. You're talking about the risk ratio reported?
MR. ZELLERS: Yes, I'm talking about what the authors found.
DR. THOMPSON: All right.
MR. ZELLERS: The risk --
DR. THOMPSON: Well, you weren't really saying what the authors found.
MR. ZELLERS: I think that was in my question, but if not, that's what I meant.
A. The incidence ratio, yes, was 5 for all endometriosis -- types of endometriosis and 10 for ovarian endometriosis.
BY MR. ZELLERS:
Q. In terms of an increased risk for clear-cell ovarian cancer, correct?
A. That's correct.
Q. You know from reviewing the literature that endometriosis is associated with a high relative risk, especially or specifically with clear-cell ovarian cancer,

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correct?
A. So endometriosis overall increases the risk of ovarian cancer about twice. The types of cancer that happen that arise in association with or in an area of endometriosis more commonly are clear-cell or endometrioid type.
Q. Did you review, in connection with your opinion here, Dr. McTiernan's testimony in the Forrest trial?
A. The Forrest trial?
Q. Yes.
A. Not that I recall.
Q. You do respect Dr. McTiernan as an epidemiologist, correct?
A. Yes.
Q. And you included, I think we discussed yesterday, the Forrest plots in your report?
A. The plots, yeah.
Q. Are you aware that Dr. McTiernan testified that the literature is consistent with a relative risk of 3 for endometriosis and clear-cell ovarian cancer?
A. What -- I'm not aware of that,

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and I'd like to ask: What is the Forrest trial? Is that a paper that I should see?
Q. No. I'm sorry. That's a trial much like the Kleiner trial that you testified in.
A. Oh, okay.
Q. Forrest is the name.
A. In my head it was a clinical medical trial.
Q. Understood.
You're just unaware of what her testimony was?
A. I'm unaware of her testimony, that's correct.
Q. Does it sound right that the literature is consistent with a relative risk of 3 for endometriosis and clear-cell ovarian cancer?
A. It's somewhere 2 or more.
Q. Okay. Page 23 of your report says that clear-cell is a histologic subtype associated with genital talcum powder use in multiple studies.
Do you see that?
A. Yes.

Q. What studies support your opinion that clear-cell carcinoma is associated with genital talc use?
A. So in some of the studies, subtypes were separated out and some were not, and, again, clear-cell is not common.
In the -- in the Schildkraut study, they lumped clear-cell with endometrioid and other subtypes, and it was increased risk.
In the Terry study, which looked at eight studies, there were enough that they were able to show a statistical significant increased risk of, I think, 1.24.
Q. Okay. Terry is the only study that you reviewed or that you're aware of that shows a statistically significant increased risk for clear-cell ovarian cancer, correct?
DR. THOMPSON: Object to form.
A. As I just said, most of the studies don't have enough or did not separate out clear-cell separately to show a statistical significant increase.
The Schildkraut study, when

they looked at the nonserous together, which I believe were endometrioid, clear-cell or undifferentiated, there was a statistical significance.
And the Terry study, which took eight studies and looked at them together, there were close to 200 clear-cells, and there was a statistical significance.
BY MR. ZELLERS:
Q. If we're looking at clear-cell ovarian cancer, the only study that shows a statistically significant increased risk for ovarian cancer is the Terry study, correct?
DR. THOMPSON: Object to form.
A. Because there were too few cases in most of the studies, that -- yes.
BY MR. ZELLERS:
Q. Are you aware that the Terry study is based on clear-cell data from the New England Consortium?
A. The OCAC Consortium, is that what you're calling the New England Consortium?
Q. Yes.
A. Yes.

Q. Have you explored the discrepancy in the clear-cell data that's reported in Terry's paper versus the same data on clear-cell that's reported in the Cramer 2016 study?
DR. THOMPSON: Object to form.
A. No.
Can I see those papers?
BY MR. ZELLERS:
Q. I have Cramer 2016. Let's mark that as Exhibit 43.
(Whereupon, Deposition Exhibit Wolf-43, The Association Between Talc Use and Ovarian Cancer, by Cramer et al, was marked for identification.)
(Comments off the stenographic record.)
A. And the Terry study? Can I have the Terry study?
BY MR. ZELLERS:
Q. I don't believe I have a copy of Terry.
THE WITNESS: Do any of you have the Terry study?
///

BY MR. ZELLERS:
Q. Let me see if I've got it.
So I did not bring a copy of Terry.
A. I need to see them side by side so I can answer questions, comparing them.
Q. Let me ask you some questions, and then if you can't answer the questions because you --
A. I want to see them side by side, so --
Q. Doctor, I'm going to ask you questions. If you can't answer the question because you don't have the Terry study in front of you, you can tell me you can't answer the question.
A. Okay.
DR. THOMPSON: We'll pull it up on the computer. Just hold on a minute.
THE WITNESS: Thank you. Okay.
MR. ZELLERS: All right.
BY MR. ZELLERS:
Q. So you now have Terry 2013 available to you electronically; is that

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patients, I don't consider each individual patient a Bradford Hill. It's a similar process, but that's not what I would call it.
BY MR. ZELLERS:
Q. In Ms. Bondurant's case, what was your methodology for determining that talcum powder was a substantial contributing cause of her clear-cell ovarian cancer?
A. So reviewing everything that I had to review from her, which was medical records, the PPF -- I think it's called a PPF -- her daughter's deposition, all the things that I had to review, and knowing what the risk factors for ovarian cancer are and protective factors are, evaluating those in her case.
Q. Have you reviewed any published medical literature that provides you with a methodology to determine the specific cause of an individual woman's ovarian cancer?
DR. THOMPSON: Object to form.
A. So just the tenets of evidence-based medicine, which I think are reviewed -- I looked at before my deposition, reviewing to -- my old deposition, and up to

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date, just to get a definition of what I do every day. I don't generally look that up because it's just something that sort of comes natural after 30 years.
BY MR. ZELLERS:
Q. You conducted a differential diagnosis based on a series of questions; is that right?
A. Yes.
Q. And you're the one that came up with those questions, correct?
A. Yes.
Q. Do you agree that a differential diagnosis is a list of possible diseases that could be causing a patient's symptoms?
DR. THOMPSON: Object to form.
A. That could be one way of looking at a differential diagnosis, or a list of different risk factors that could be causing a patient's illness.
BY MR. ZELLERS:
Q. To perform a differential diagnosis, you have to consider competing diagnoses; is that right?

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DR. THOMPSON: Object to form.
A. All the possibilities, yes.
BY MR. ZELLERS:
Q. Isn't the critical component of a differential diagnosis the search for a diagnosis?
DR. THOMPSON: Object to form.
A. So the goal in trying to find a diagnosis is, yes, to find out what the diagnosis is, and the goal of finding out a cause would be to see what the risk factors are, to see what's the most likely cause or causes.
In a disease like ovarian cancer, it's multifactorial, so there may be multiple risk factors.
BY MR. ZELLERS:
Q. The signs and symptoms of ovarian cancer include abdominal distension, bloating, pelvic pressure, generalized wasting of extremities; is that right?
A. So abdominal bloating, pelvic pain/pressure, early satiety, low back pain, fatigue, changes in bowel or bladder function. I wouldn't list wasting of the

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extremities as a common symptom for women with ovarian cancer.
Q. Those signs and symptoms, and in your differential, the competing diagnoses would be bowel obstruction, fibroids, cirrhosis and ovarian cancer; is that right here?
DR. THOMPSON: Object to form.
A. The challenge with the symptoms of ovarian cancer is they are quite vague, so it could be as simple as IBS and as complicated as colon cancer, a bladder infection. Multiple things can cause the same symptoms. That's why it's a challenge to find ovarian cancer because the symptoms are so nonspecific.
BY MR. ZELLERS:
Q. There's no issue with the diagnosis in Ms. Bondurant's case, though? You agree that she was correctly diagnosed with clear-cell ovarian cancer; is that right?
A. Yes.
Q. When you practiced as a clinician, you wouldn't use a differential

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diagnosis to identify the cause of any woman's ovarian cancer; is that right?
DR. THOMPSON: Object to form.
MS. GARBER: Object to the form.
A. I would use a differential -- I don't know what else to call it other than a differential diagnosis.
BY MR. ZELLERS:
Q. As I understand your methodology for determining that talc was the specific cause of Ms. Bondurant's ovarian cancer, what you did is you looked at her other potential risk factors and her talc use; is that right?
DR. THOMPSON: Object to form.
A. I looked at all the medical records that I had available for her, which included her medical history, her risk factors. I looked at the deposition of her daughter, the PPF, everything that I had available to review to assess.
BY MR. ZELLERS:
Q. You did not need, in this case or in any of the cases, a report from

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Dr. Godleski either finding or not finding particles, correct?
DR. THOMPSON: Object to form.
A. In Ms. Bondurant's case, I have not yet seen a report of -- from Dr. Godleski, but as I stated in my report, if there are particles or fibers in her tissue, it would support causation, but I don't think it's a requirement.
BY MR. ZELLERS:
Q. The absence of a finding of talc fibers or particles by Dr. Godleski in this or in any case does not negate or change an opinion that you formed as to causation between talc use and a particular woman's ovarian cancer?
A. If the rest of the history of talc usage supported talc, it would not, because Dr. Godleski gets a few blocks from a small amount of the tissue that's removed and never has access to all of the tissue.
So the fact that the few blocks that he sees and can analyze doesn't show talc particles or fibers doesn't mean there aren't any there.

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Q. All right. You testified to the jury in the Kleiner case that ovarian cancer is multifactorial, correct?
A. Yes.
Q. And you've testified to that in this deposition; is that right?
A. Yes.
Q. In Kleiner, you told the jury that a cell is like a Jenga game. You pull out a block -- you pull a block out until the tower falls.
So talc could be an environmental factor that can pull a block out. BRCA could be a factor that pulls out another block, until the whole thing falls down.
Is that the analogy?
A. Yeah, I was trying to come up with something that -- visual that people could understand the concept of a multifactorial disease.
Q. You agree that science doesn't really know what causes ovarian cancer, with the exceptions that we talked about yesterday? The genetic mutations that I

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believe we agreed were 10 to 15% of the cases of ovarian cancer, talc, which at least Dr. Cramer ascribes 10% of the cases.
But other than that, we really don't know what causes ovarian cancer; is that right?
DR. THOMPSON: Object to form.
A. So ovarian cancer, like all cancers, is caused by a series of genetic mutations. In some cases in ovarian cancer, we know what those mutations are because it's something that the patient inherited. In many cases, we don't know where those mutations came from.
And Dr. Cramer's paper actually said that 10% of ovarian cancers could be prevented if talc use was eliminated, not that it caused 10% of ovarian cancer cases.
So we definitely know that ovarian cancer is caused by a series of genetic mutations. In some cases, we know what caused them; and in some cases, we don't.
BY MR. ZELLERS:
Q. If there's a substantial number

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of cases where we don't know the cause of a woman's ovarian cancer -- and let me back up.

We agreed, I think, yesterday that a woman can have -- you know, be tested positive for BRCA, but BRCA may not cause her ovarian cancer, correct?

A. Yes. A mutation of BRCA.

Q. A mutation in BRCA.

A woman may use talc or be exposed to talc, but it's possible that talc does not cause her ovarian cancer, correct?

A. It's possible that she uses talc and does not get ovarian cancer.

Q. So given that, how, in any individual woman, can you ever determine the actual cause of her ovarian cancer?

DR. THOMPSON: Object to form.

A. Given what?

BY MR. ZELLERS:

Q. Well, a woman can have a risk factor for ovarian cancer and get ovarian cancer from something totally different, correct?

DR. THOMPSON: Object to form.

A. Well, I think -- I thought what

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we were talking about is that a woman can have a risk factor for ovarian cancer and not get ovarian cancer, but if she has that risk factor and she gets ovarian cancer, I would generally attribute that risk factor as part of the reason that she got -- a cause of her cancer.

BY MR. ZELLERS:

Q. But we don't know that's true in any individual woman's case; is that right?

DR. THOMPSON: Object to form.

BY MR. ZELLERS:

Q. I mean, a woman may have -- and this may go back to the --

DR. THOMPSON: Did you want her to answer that question or not?

Well, you went immediately into another question before she answered your first one. But if you don't want her to answer, that's fine.

BY MR. ZELLERS:

Q. Is there a question that you feel is pending you need to answer, Doctor? I don't want to stop you --

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DR. THOMPSON: I don't care if she answers it, but generally you wait for an answer before you ask another question. I'm just saying.

MR. ZELLERS: Okay. Is it okay if we continue? I mean, the witness and I, I think, are doing okay.

DR. THOMPSON: You don't need my permission to continue.

MR. ZELLERS: Okay.

BY MR. ZELLERS:

Q. So, Doctor, I guess let's go back and try to start over here.

We talked yesterday that a woman -- a hypothetical woman may have five different risk factors for ovarian cancer and that we don't know specifically which of those risk factors, or if any of those risk factors, actually caused her ovarian cancer.

Is that -- that hypothetical is -- can be accurate, correct?

DR. THOMPSON: Object to form.

MS. GARBER: Object to the form.

A. So are you asking me about a

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hypothetical? I'm not sure what your question is.

BY MR. ZELLERS:

Q. Yeah. Let's talk about a hypothetical here.

A. Yes.

Q. So we have a woman who has hormone replacement therapy, who has age, who has obesity.

What are a couple of other risk factors for ovarian cancer that we'll put in our hypothetical?

A. Well, we can give her endometriosis and make her infertile. How about that?

Q. Hormone replacement therapy, age, obesity, endometriosis?

A. Infertility.

Q. Infertility.

If this hypothetical woman with these risk factors develops ovarian cancer, it's impossible to say what the cause of her ovarian cancer is, correct?

DR. THOMPSON: Object to form.

A. I would say that each of those

things can be a cause of her ovarian cancer.
BY MR. ZELLERS:
Q. They can be. It's possible. But we can't say to a probability which, if any, of those things caused her ovarian cancer, correct?
DR. THOMPSON: Object to form.
MS. GARBER: Object to the form.
A. It would be my assumption that it was all of those things were a cause of her ovarian cancer.
BY MR. ZELLERS:
Q. So your methodology and the way you approach these cases is that if a woman has a risk factor for ovarian cancer, you assume that those risk factors actually are contributing causes; is that right?
A. I assume that they may be a contributing cause.
Q. And that's your methodology with respect to talc use? If a woman has a history of talcum powder use, just as you assume that family history, hormone replacement therapy, age, obesity would be

contributing causes to her ovarian cancer, if she has talc use, you believe that's a contributing cause as well, fair?
DR. THOMPSON: Object to form.
A. If, in reviewing the whole thing, she -- there was adequate evidence that she had talc use, I would consider that a cause of her cancer.
BY MR. ZELLERS:
Q. If she has a family history, if she has hormone replacement therapy, if she has age, if she has obesity that rise to the level of risk factors, you would also say those are contributing causes to her ovarian cancer, correct?
DR. THOMPSON: Object to form.
A. Again, ovarian cancer is multifactorial, so all of those things could be a cause of her cancer.
BY MR. ZELLERS:
Q. In your report, you state: Not everyone who has an inherited BRCA mutation gets ovarian cancer and not everyone who gets ovarian cancer has an inherited BRCA mutation.

You agree with that, right?
A. Yes.
Q. Let's take BRCA as an example. We know the science on the percentage by which a woman's risk of ovarian cancer is increased if she's BRCA positive, correct?
A. Yes.
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. In your report, page 4, you state that if you're BRCA1 -- if a patient is BRCA1, you have a 39 to 40% lifetime risk of developing ovarian cancer, correct?
A. Yes.
Q. If you have BRCA2, you have an 11 to 27% increased lifetime risk of ovarian cancer; is that right?
A. Yes.
DR. THOMPSON: Object to form, just by leaving out the gene mutation when you say BRCA1 and BRCA2.
MR. ZELLERS: I'm trying to read from the doctor's report.
BY MR. ZELLERS:
Q. Am I reading this inaccurately,

Doctor?
DR. THOMPSON: Yes.
A. Yes. It says BRCA1 gene mutation.
BY MR. ZELLERS:
Q. So you would like me to amend my statement.
If you're a BRCA1 gene mutation, you have a 39 to 46% lifetime risk of developing ovarian cancer, correct?
A. If a woman has, not -- you aren't that mutation. If you have the mutation.
Q. All right. And if a woman has a BRCA2 gene mutation, she would have an 11 to 27% increased lifetime risk of ovarian cancer; is that right?
A. She would have an 11 to 27% lifetime risk of developing ovarian cancer, not increased lifetime risk, but a lifetime risk.
Q. So if we have a woman who is BRCA-positive, she's at a 40% lifetime risk of ovarian cancer, and you consider BRCA to be a cause of her ovarian cancer; is that

right?
A. Yes. If she has ovarian cancer, yes.
Q. Is it your opinion that any individual woman who is BRCA-positive and who gets ovarian cancer, that you don't think the BRCA mutation alone could have caused her ovarian cancer?
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. Is that your testimony and opinion?
DR. THOMPSON: Object to form.
A. The inherited gene mutation in one allele of the BRCA gene alone does not cause cancer.
BY MR. ZELLERS:
Q. There has to be something else to cause the cancer, ovarian cancer, in this case, in your opinion; is that right?
DR. THOMPSON: Object to form.
A. Yes, that is correct.
BY MR. ZELLERS:
Q. If we go back to your analogy that you used in the Kleiner trial, BRCA gene

mutation is just one of the Jenga pieces, fair?
A. Yeah, one hit, one injury to the cell.
Q. And we talked yesterday that you believe, and I think we looked at Dr. Clarke-Pearson, that it takes at least 10 to 15 injuries or mutations to the cell?
A. The literature supports 5 to 10.
Q. Does that mean that if a woman is -- strike that.
Does that mean that if a woman does have a BRCA gene mutation, that that increase in risk is not high enough to say that BRCA alone caused the woman's ovarian cancer?
DR. THOMPSON: Object to form.
A. I do not understand that question.
BY MR. ZELLERS:
Q. So whether it's a BRCA1 gene mutation or a BRCA2 gene mutation, that in and of itself, in your opinion, does not cause a woman's cancer, ovarian cancer.

There needs to be something more?
A. Yes.
DR. THOMPSON: Object to form.
A. That is true.
BY MR. ZELLERS:
Q. Talc -- are you of the view that talc increases a woman's risk of ovarian cancer by 20 to 30%?
A. 20 to 40%.
Q. And you consider talcum powder use to be a cause of ovarian cancer, correct?
A. Yes.
Q. Similar to BRCA, it's your opinion that talc alone is not sufficient to cause an individual woman's ovarian cancer, correct?
A. Any risk factor alone that causes only one hit to the cell would not cause ovarian cancer. My concern about talc is that continued use, long-term use could cause more than one injury to the cell.
The BRCA mutation doesn't change over a woman's lifetime; it's that one mutation. But if you have a continuing injury, then you could have more than one.

Q. Generally, is it your opinion that in order for ovarian cancer to be caused, it takes more than talcum powder use?
DR. THOMPSON: Object to form.
A. It takes more than one gene mutation for a normal cell to become a cancerous cell. My opinion is that talc use could cause one, it could cause two, it could cause more injuries to the cell, and that's going to vary from patient to patient based on her underlying physiology and any other risk factors that she may or may not have.
BY MR. ZELLERS:
Q. So in your opinion, in some cases, talc use alone may not be sufficient to cause an individual woman's ovarian cancer; it may require other things, other risk factors?
A. That is not what I said.
MS. GARBER: That's not what she said at all.
MR. ZELLERS: Ms. Garber, please. You can object to form --
MS. GARBER: Okay. Object to form.

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MR. ZELLERS: -- but don't be making comments and shouting out. Okay.
MS. GARBER: Just a total misrepresentation of what she said. I just blurted it out. I apologize.
DR. THOMPSON: But you weren't loud, comparatively speaking.
BY MR. ZELLERS:
Q. BRCA.
A. BRCA.
Q. Gene mutation.
A. Yes.
Q. And we know that it increases or causes results in a lifetime risk -- increased risk of -- depending upon the mutation, of between 11% and 46%, correct?
A. So what that means is that if you have a BRCA1 mutation, by the time you're at age 70, there's around a 40% chance you could have ovarian cancer.
If you have a BRCA2 mutation, by the time you get to age 70, there's an 11 to 27%.
I just picked the middle number

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because I couldn't do the math fast enough in my head.
Q. And, in your opinion, if a woman uses talcum powder for a sufficient amount of time, that woman has an increased risk of ovarian cancer of somewhere between 20 and 40%, correct?
A. Yes.
Q. In an individual woman's case, talcum powder use may alone be sufficient to cause ovarian cancer, depending upon the number of genetic mutations that are caused, or the talcum powder use may require additional risk factors in order to cause the ovarian cancer.
Is that fair?
A. So the talcum powder use could cause more than one genetic hit to the cell. And each individual woman's background could be different, and what -- her body's reaction to the talcum powder -- so the talcum powder alone can be a cause, and there may be some other risk factor that she has or some other cause.
Q. The talcum powder use would

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need to cause either 5 to 10 hits to the cell or 10 to 15, depending upon how many genetic hits are required to the cells to cause ovarian cancer.
Is that your opinion?
DR. THOMPSON: Object to form.
A. Whatever causes the cancer, there has to be 5 to 10 injuries to the cell that result in genetic changes in the cell that can cause -- that cause cancer.
BY MR. ZELLERS:
Q. Those hits or injuries to the cell could come from talcum powder use, they could come from BRCA gene mutations, they could come from hormone replacement therapy, family history, age, obesity, correct?
A. So we know that BRCA mutations is one of -- would be one of those hits, right? Family history could indicate that there's some genetic underlying hit. Endometriosis, like talc, from inflammatory changes could cause a hit or multiple hits.
Q. In Ms. Bondurant's case, is it possible to identify how many other causes of her ovarian cancer were at play other than,

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in your opinion, her talc use?
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. And if you don't understand that question, I'll try to do better.
A. Can you try to do better?
Q. Sure. I will try.
A. You knew when the words were coming out of your mouth, right?
Q. I can't promise.
Are there likely other causes of Ms. Bondurant's clear-cell ovarian cancer, in addition to talcum powder use, in your opinion?
A. So in my review of her risk factors and her protective factors, she did have a family history that could increase her risk, so that could also be a cause of her cancer.
Q. Anything else?
A. I think the [redacted] question is still not clear to me because we don't have pathologic confirmation of [redacted]
Q. Anything else?

DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. It may be the smoking that's driving that association.
DR. THOMPSON: Object to form.
A. Or it could be both. So you would want to assess that in doing a univariant analysis, looking at each individual factor on its own, and a multivariant analysis where you look at the contraindication of all of them to see is one of them still statistically significant in that case.
BY MR. ZELLERS:
Q. In our case, your opinion is you don't believe that there is an unknown confounder with talcum powder use as it relates to an association with ovarian cancer?
A. I don't believe anything has been identified since the first publication in the '80s that there's something else that's associated with this that's causing ovarian cancer.
And what I mean is talcum

powder use has not been found to be associated with a confounder in the 40 years since -- nearly 40 years since it's been found to be associated with ovarian cancer.
Q. All right. It's possible, but in your opinion unlikely, that Ms. Bondurant could have gotten her ovarian cancer because of a cause that science has yet to discover.
Is that a good summary of your opinion --
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. -- on that point?
A. No. On the point of confounding, my point is that as long as we've known of the association between genital powder use and ovarian cancer, there have not been found any confounders that would be the cause versus the genital talcum powder use.
Q. And I'm going to step beyond that.
A. Okay.
Q. We've acknowledged and we've discussed that there may be unknown causes of

ovarian cancer, correct?
A. Yes.
Q. And you acknowledge in any woman's case it's possible that their ovarian cancer is caused by an unknown or undiscovered cause, but you believe in Ms. Bondurant's case the likely cause is her talcum powder use?
DR. THOMPSON: Object to form.
A. That a cause of her cancer is talcum powder use.
BY MR. ZELLERS:
Q. The route of talcum powder exposure in Ms. Bondurant's case was through migration, correct?
A. Yes.
Q. You believe that her ovarian cancer was caused from talcum powder traveling to her ovary -- well, strike that.
We talked yesterday about inhalation with Ms. Gallardo. Same question with Ms. Bondurant.
Do you believe that her ovarian cancer was caused from talcum powder traveling to her ovaries through inhalation?

A. I -- my assessment is that it's from her genital talcum powder use and migration. Inhalation could be a part of that.
Q. You've not attempted or made any determination of how much talc Ms. Bondurant was exposed to over the period of time she used talcum powder; is that right?
DR. THOMPSON: Object to form.
A. So because what I have on her talcum powder use, it says from infancy to 2015, baby powder, and Shower To Shower from '70 to '80. There's no correlation between infant use of powder and cancer, as far as I'm aware. And so assuming that she went through menarche around the time of 12, which would be a little older than average, but we'll say 12, and she used it three to five times a week until 2015, but I know she had her tubes tied in 1987 -- I'm doing a lot of math here -- I think it was something like 16 years, 15 years of use, and I multiplied that by four if she used it three to five times a week, and it was something like 5600

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times that she used it, to try to get an assessment of how much she used.
BY MR. ZELLERS:
Q. And in your view, that amount of usage would be a sufficient amount of talcum powder to, in your opinion, be a cause of her ovarian cancer, correct?
A. Certainly that's supported in the epidemiologic literature where they looked at --
Q. We talked yesterday --
A. -- women with that much use.
(Simultaneous discussion interrupted by the stenographer.)
A. Where they assessed that -- the amount of use. I don't remember my exact words, but that seems about right.
BY MR. ZELLERS:
Q. I believe I understand your opinion to be that in a given case, there may be an insufficient amount of talcum powder use for you to conclude that the talcum powder use is a cause of ovarian cancer, but here there's sufficient use; is that right?
A. So it's not just amount of use.

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It's -- it's is the tract open. If somebody got their tubes tied at 21 and started using talcum powder daily at 28, that would be hard for me to make an assessment of use.
If somebody used talcum powder once in their entire life, that would be a challenge.
Q. And I think we talked yesterday that you've looked at some cases and have determined there's not enough evidence that talcum powder caused ovarian cancer, and those would be examples of cases, you know, hypothetical examples --
A. Hypothetical.
Q. -- yes, in which you would not think there was sufficient use for talcum powder to be a cause, correct?
A. That's correct.
Q. So while you, you know, don't have a precise estimate of the amount of talcum powder exposure that Ms. Bondurant had, in your view, she had sufficient exposure?
A. Yes.
Q. Does it matter to you, when you

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come up with or develop a case-specific opinion, whether a woman alleges that she put the talcum powder on their underwear or if they put it on pads or if they actually put it on their body? Does any of that matter to you in terms of case-specific opinions?
DR. THOMPSON: Object to form.
A. You mean put it on their genital area as -- directly on their body?
BY MR. ZELLERS:
Q. Yes, as opposed to putting it on pads or putting it in their underwear.
A. Not specifically.
Q. All of those, if there was sufficient duration, would be the types of use that you believe could cause or result in the migration of the talcum powder to the fallopian tubes and the ovaries; is that right?
A. So all of those ways -- and I don't -- I wouldn't say it's duration specifically, because some of it is also the individual patient's reactions to the talc, the body's reaction to it. Duration is part of that.

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Q. So in your opinion, the science equally supports the ability of talc applied externally to the underwear to travel to the ovaries as it does talc applied to the perineum to travel to the ovaries, fair?
A. So some of the studies looked at those specific questions and others did not. It's my opinion that generally all of those would have the same access.
Q. We talked yesterday about the potential for bias of a woman who's making a claim, you know, in a case that talcum powder use caused ovarian cancer.
I believe your methodology and the way you approach these cases is to assume that any of the women who used talcum powder, to believe their use; is that right?
DR. THOMPSON: Object to form.
A. Yes, generally. If they're deposed, it's under oath, I would assume they're telling the truth.
BY MR. ZELLERS:
Q. You do not consider that there may be a bias because a particular patient or plaintiff has brought a lawsuit? I mean,

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abnormalities that are seen in the different subtypes of epithelial ovarian cancer, high-grade serous, low-grade serous, clear-cell being some of those, the common genetic mutations are different. Some of them are different, anyway.
BY MR. ZELLERS:
Q. But did you make a determination about when it was that Ms. Bondurant's clear-cell carcinoma began to develop?
A. No. That's a question I get asked all the time and I don't have a good answer for how long -- the cancer from the time it starts until it grows. Cancers do tend to grow in a logarithmic manner, and so once it starts growing and becomes grossly visible, it seems like it's growing fast. But from the -- from when it starts until -- until it becomes a cancer, generally people say one to two years, but I'm not aware of good evidence to support that.
What I tell patients is once we know it's there, we don't sit on it and do nothing about it, unless there isn't anything

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we can do about it.
Q. I think I saw in your earlier testimony that you believe the latency period from ovarian cancer can be anywhere from 15 to 20 years; is that right?
A. Yes.
DR. THOMPSON: Object to form.
A. That's a different question, though. That's how long does an exposure that can be carcinogenic, how long does that take until the cancer is there?
I think that's a different question than you asked me before.
BY MR. ZELLERS:
Q. And that would be -- what you just described would be the latency --
A. No. What I described is once there's a cancer, how long has it been there until it's found? That's what I was describing.
Q. And you believe that would be the latency period?
A. No, the latency period is the time of the exposure until the cell becomes cancerous.

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Q. The latency period you believe is 15 to 20 years?
A. For ovarian cancer, and for most cancers. And a lot of that data comes from the atomic bombs that were dropped in Japan in World War II and the survivors and the time it took for them to get cancer.
Q. Do you believe that in any individual, in like Ms. Bondurant, for example, that you should discount the previous 10 years before her diagnosis as not contributing to the development of ovarian cancer?
DR. THOMPSON: Object to form.
A. Generally, I would not, because it's continued injuries that could continue to cause mutations.
In Ms. Bondurant specifically, she had [redacted] in '87 and her cancer was diagnosed in 2018, so...
BY MR. ZELLERS:
Q. All right. So you would not consider any talcum powder use between 1987 and 2018, you know, as causing or contributing to her ovarian cancer, correct?

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DR. THOMPSON: Object to form.
A. So I believe that the important part of her use was prior to her [redacted]
BY MR. ZELLERS:
Q. Prior to 1987?
A. Yes.
Q. Okay. You were not one of Ms. Bondurant's treating physicians, correct?
A. No, I was not.
Q. You were not involved in any diagnosis or treatment of her ovarian cancer; is that right?
A. No, I was not.
Q. Ms. Bondurant passed away in October of 2020.
Did you ever have an opportunity to meet her?
A. I did not.
Q. Have you ever spoken with her husband?
A. No.
Q. Her children?
A. No.
Q. Did you ever make a request to

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the attorneys if you could meet with or speak with Ms. Bondurant's family?
A. No.
Q. Have you ever spoken with any of Ms. Bondurant's treating physicians about her case?
A. No.
Q. Page 30 of your amended report, and I think this will be on your materials list, these are the case-specific materials that you reviewed; is that right?
It's not a number, but it comes right after page 29.
A. Yes.
Q. So there are a lot of records here; is that right?
A. Yes.
Q. Did you look at each of the medical records?
A. I did.
Q. I assume that the medical records and that all of these materials were provided to you by counsel; is that right?
A. Yes.
MR. ZELLERS: I have no more

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questions on Bondurant. We've got two other cases. You want to take a lunch break and then come back and do those? They will be shorter --
Let's go off the record.
(Recess taken, 11:43 a.m. to 1:02 p.m. CDT)
BY MR. ZELLERS:
Q. Dr. Wolf, are you ready to continue?
A. I am.
Q. The third case that you have issued case-specific opinions in is Ms. Judkins' case; is that right?
A. That's correct.
Q. Your case-specific -- well, withdraw that.
You have in front of you your case-specific report in the Judkins case that we've marked as Deposition Exhibit 8; is that right?
A. Yes.
Q. The first 21 pages of this report is the same as the general amended report that we have discussed earlier in this

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deposition; is that right?
A. Yes.
Q. Are the case-specific opinions that you expect to provide at any trial or hearing in the Judkins matter set forth on pages 21 to 23 of the report, Deposition Exhibit 8?
A. Yes.
Q. It's your opinion that talcum powder was a cause of Ms. Judkins' cancer; is that right?
A. That's correct.
Q. If Ms. Judkins had never used talcum powder, she never would have gotten ovarian cancer; is that what you're saying?
DR. THOMPSON: Object to form.
A. What I'm saying is that Ms. Judkins used talcum powder and she got ovarian cancer, and that is the only risk factor that I could find in her history. And she used it daily for 46 years.
BY MR. ZELLERS:
Q. You're not saying that if she had never used talc, she never would have gotten ovarian cancer, are you?

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DR. THOMPSON: Object to form.
A. What I'm saying is some women who get ovarian cancer have never used talc, and in Ms. Judkins' case, she got ovarian cancer and she used talc.
BY MR. ZELLERS:
Q. Ms. Judkins was 60 years old at her diagnosis?
A. Yes.
Q. Could Ms. Judkins' age -- well, let me withdraw that.
Was Ms. Judkins' age a risk factor for ovarian cancer?
A. Advancing age can always be a risk factor. She is slightly younger than the average age, so I wouldn't separate it out in her case as a risk factor.
I think I talked yesterday about an example of ninety -- I've had women in their nineties, and then I would definitely call age a risk factor.
Q. Age generally does increase a woman's risk for mutations, correct?
A. Age increases anyone's risk for mutations.

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Q. It's your opinion that a 60-year old woman, that that is not old enough to be considered a risk factor for ovarian cancer?
DR. THOMPSON: Object to form.
A. I would say that age 60, likely anyone who's lived to 60 years has had some mutations. In ovarian cancer specifically, 60 I don't consider a risk factor, that age of 60 as a risk factor.
BY MR. ZELLERS:
Q. All right. Ms. Judkins at 60 years old may have had mutations related to age, but in your view, the mutations, or at least some of the mutations that resulted in her ovarian cancer, were from her talcum powder use?
A. Some of the injuries to her cells that led to cancer, yes.
Q. Did Ms. Judkins have a family history of cancer?
And I can show you the plaintiff profile form, if need be.
A. Yes. She had a maternal uncle with kidney cancer and a paternal great aunt

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with breast cancer.
Q. That family history would be a risk factor for the development of ovarian cancer, correct?
DR. THOMPSON: Object to form.
A. No. No. One -- I guess a paternal great aunt would. A third-degree relative with breast cancer would not. And the [redacted] on her mother's side would not be related to her -- a risk of ovarian cancer.
BY MR. ZELLERS:
Q. Could Ms. Judkins' family history of [redacted] have played a role in her development of ovarian cancer?
DR. THOMPSON: Object to form.
A. It's unlikely.
BY MR. ZELLERS:
Q. You believe that the route of exposure in Ms. Judkins' case was through migration?
A. Yes.
Q. Do you believe that Ms. Judkins' ovarian cancer was caused from talcum powder traveling to her ovaries

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through inhalation?
A. I can't disprove that. She applied it to her genital area. I think that would be the most risk for her exposure.
Q. You do not intend to go in -- strike that.
You do not intend to testify at trial that her route of exposure was inhalation. Your testimony will be that her most likely route of exposure was through the genital tract. Correct?
DR. THOMPSON: Object to form.
A. I believe her most likely route of exposure was through her genital tract.
BY MR. ZELLERS:
Q. Just a general question. You can look at page 12 or 13 of your report here, but one of the articles that you're now citing is the Psooy article.
Are you familiar with that, P-S-O-O-Y?
A. Yes.
Q. And in that article, that article demonstrated that bath water can become entrapped in the vagina in females

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with normal anatomy.
Is that what you cite it for?
A. Yes.
Q. Would you agree it would be a rare occurrence for a woman to have water trapped in her vagina?
DR. THOMPSON: Object to form.
A. It depends on how long it would be in her vagina, and I don't have an answer to that.
BY MR. ZELLERS:
Q. Well, if there's an open system -- and you believe there is an open system, correct?
A. Yes.
Q. Why would water get trapped in the vagina? Why would it not make its way further up the reproductive tract?
DR. THOMPSON: Object to form.
A. My suspicion is that it doesn't remain entrapped very long and it falls out the vagina.
BY MR. ZELLERS:
Q. I understand falling out, but if you're correct and if there is an open

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physically active, and so she was doing some sports and she showered twice a day, she used it twice a day.
Q. As in the other cases, your methodology is to believe the testimony of the plaintiffs with respect to their talcum powder use, correct?
A. Yes. Again, she was deposed. She was under oath when she gave her deposition, as was, I think, her husband gave a deposition also. So yes.
Q. Did Ms. Judkins have a personal history of [redacted]?
A. She did. She had [redacted] on her forearm.
Q. There's no mention of her talc use in the medical records; is that right?
A. No, not to my knowledge.
Q. And you did not see anything in the medical records that would evidence a discussion that Ms. Judkins had with her treating physicians about talcum powder use; is that right?
A. I did not see anything.
Q. Did you do any type of

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investigation in terms of whether Ms. Judkins had any exposure or potential exposure to asbestos?
DR. THOMPSON: Object to form.
A. Again, there was a series of questions in her deposition about what kind of work she did, where did she live, was there construction in her home, was there construction around her house. And there was nothing that indicated to me that she ever had any occupational or long-term exposure to asbestos.
BY MR. ZELLERS:
Q. I saw some mention in her deposition about Ms. Judkins and her husband, they purchased a house, they were told the house has an issue with asbestos. They may have been in the house for a short period of time before the asbestos was removed.
Did you see that?
A. Yes.
Q. Would that -- or strike that.
Does that impact your opinion at all in this case?
A. No.

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Q. In Ms. Judkins' case, as in each of the cases we've discussed, there's the potential for unknown causes of ovarian cancer. But in your view, talcum powder use is a cause of her ovarian cancer, correct?
DR. THOMPSON: Object to form.
A. In my view, after review of all her medical records and her depositions and her forms, that talcum powder is a cause of her ovarian cancer -- her talcum powder use.
BY MR. ZELLERS:
Q. All of the questions that I've asked you in the past as to whether you have individual opinions about asbestos or heavy metals or fragrances that may be contained in the talc, your opinion in this case is not as to those specific ingredients, but it's to the ingredients as a whole, the talc, which, in your opinion, in this case caused Ms. Judkins' ovarian cancer, correct?
DR. THOMPSON: Object to form, misstates her testimony.
A. So it's the talc which contains or had been found to contain asbestos talc fibers, the heavy metals, nickel, chromium,

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cobalt that we've talked about, and some irritating fragrance ingredients.
BY MR. ZELLERS:
Q. Once again, we have no evidence in Ms. Judkins' case of any samples of the talcum powder she used that you're aware of; is that right?
A. I'm not aware that we have any of the samples of her baby powder that she used.
Q. You have not communicated or talked with Ms. Judkins; is that right?
A. I actually was on a phone call with Ms. Judkins one time.
Q. When was that?
A. About a year and a half ago. It was sometime deep in the pandemic, so...
Q. And for how long did the phone call last?
A. It was with attorneys. I don't remember how long the phone call was. Maybe 30, 40 minutes.
Q. And what was the purpose of the phone call?
DR. THOMPSON: And I think that

I've probably seen him socially at meetings once or twice since then.
Q. You have never discussed Ms. Judkins' case or care with him; is that right?
A. That's correct.
Q. Is he aware that you're serving as an expert witness in this case?
A. I do not know.
Q. Is he aware, from any conversations you've had with him, that you're serving as an expert witness in this case?
A. No.
Q. You are -- strike that.
You have reviewed a report from Dr. Godleski relating to his particle findings in Ms. Judkins' case, correct?
A. Yes.
Q. Do I understand from your earlier testimony that even without Dr. Godleski's findings, your opinion would still be that Ms. Judkins' talcum powder use was a cause of her ovarian cancer?
A. Yes, for the reasons I talked

about before, that I know he only gets a small portion of the tissue to evaluate.
Q. I'm going to mark Dr. Godleski's report in Ms. Judkins' case as Deposition Exhibit 48.
(Whereupon, Deposition Exhibit Wolf-48, 6/18/21 Godleski Expert Report re: Judkins, was marked for identification.)
BY MR. ZELLERS:
Q. In your report, you do rely on and reference Dr. Godleski's pathology report in forming your case-specific opinions; is that right?
A. Yes.
Q. And I see that on page 22, middle of the page.
A. I see that.
Q. Dr. Godleski looked at eight tissue blocks in Ms. Judkins' case; is that right?
A. Yes.
Q. Those blocks were from Ms. Judkins' right fallopian tube, right pelvic and paraaortic lymph nodes, cervix,

left ovary and left fallopian tube; is that right?
And I'm looking at page 3 of Dr. Godleski's report, and specifically at the second paragraph, first sentence of the second paragraph.
A. Yes. Yes.
Q. Dr. Godleski found -- withdraw that.
You're not a surgical pathologist; is that right?
A. I'm not a surgical pathologist, but I routinely look at surgical pathology for my patients.
Q. All right. Dr. Godleski found 932 particles in the tissue blocks.
And I'm looking at page 4.
A. I see that.
Q. Only 17 of those 932 particles were what he reports as nonfibrous talc particles; is that right?
A. He reports 17 were talc particles, yes.
Q. He describes them, at least at the bottom of page 3, as nonfibrous talc

particles?
A. Yes.
Q. And those were found in only three of the eight blocks he looked at; is that right?
A. Yes.
DR. THOMPSON: Object to form.
BY MR. ZELLERS:
Q. 483 of the 932 particles had a calcium composition according to Dr. Godleski; is that right?
A. That's right, and that would not be uncommon in ovarian cancer, to find calcium.
Q. And that has nothing to do with whether talc is involved or not, correct?
A. It's a finding that's common in ovarian cancer.
Q. Do you know what kind of particles have a calcium composition?
DR. THOMPSON: Object to form.
A. Well, many things have a calcium composition. Bone does. Teeth do. Ovarian cancer makes calcium deposits.
///

that you believe would be relevant in terms of being a cause of ovarian cancer would be the use prior to 1985; is that right?

DR. THOMPSON: Object to form.

A. That's when her tract would be open and the talcum powder could get to her ovaries, yes.

BY MR. ZELLERS:

Q. In your report, you rely on Dr. Godleski's pathology report in forming your case-specific opinions; is that right?

A. Yes.

Q. Dr. Godleski looked at tissue blocks in Ms. Swann's case.

I'll provide you with Dr. Godleski's report.

A. Thank you.

Q. We'll mark it as Exhibit 51.

(Whereupon, Deposition Exhibit Wolf-51, 4/18/19 Godleski Expert Report re: Swann, was marked for identification.)

BY MR. ZELLERS:

Q. You have Dr. Godleski's report in front of you; is that right?

A. I do.

Q. The tissue blocks that Dr. Godleski looked at in Ms. Swann's case, they were from her right and left ovaries, right fallopian tubes and right pelvic lymph node; is that right?

A. So right and left ovaries and fallopian tubes, so both tubes, I believe.

Q. Looking at page 2 --

A. That's where I'm looking also. Are you at the top of the page or --

Q. Top of the page.

A. Yeah. The right and left ovaries and fallopian tubes, so I assume that means both tubes, and right pelvic lymph node.

Q. Dr. Godleski found 929 particles in the tissue blocks, page 4?

A. Yes.

Q. Of the 929 particles that he found, 324 particles had a variety of foreign particles; is that right? And I'm looking at page 4.

A. A variety of constituents indicative of foreign particles, including

talc, yes.

Q. The two talc particles found in the tissues were in blocks C5 from the left ovary and F1 from the right pelvic lymph node; is that right?

A. Yes.

Q. So as I understand Dr. Godleski's report, only two of the 324 foreign particles he found were talc, correct?

A. Two particles were talc, yes.

Q. Two out of the 324 foreign particles?

A. Yes.

Q. Do you have any idea as to how those other 322 foreign particles came to be in Ms. Swann's body?

A. They came in from the outside, like the talc.

Q. You believe that those foreign particles would have traveled up the genital tract into the ovaries and fallopian tubes and pelvic lymph node, correct?

A. I believe they could have, yes.

Q. Do you have any idea what the

other 322 foreign particles might be?

A. He doesn't give any description about what they were, other than nine other magnesium and silicon particles that were not talc.

Q. So in forming your case-specific opinion here regarding Ms. Swann, you didn't do any investigation into trying to figure out what those other foreign particles were; is that correct?

A. I did not.

Q. Could the other foreign particles have played a role in Ms. Swann's development of ovarian cancer?

MS. GARBER: Object to the form.

DR. THOMPSON: Object to form.

A. I don't know what the other particles were, and I'm not aware of other foreign particles that are not talc or asbestos or known carcinogens that have been associated with increased risk of ovarian cancer.

BY MR. ZELLERS:

Q. Of the 929 particles in the

MR. ZELLERS: Objection, form.
A. It includes epithelial ovarian cancer, which would include all subtypes.
BY DR. THOMPSON:
Q. And then let's go to another place. I don't have the page number, so let me look this up real quick. Okay.
DR. THOMPSON: My Internet went out on me. Sorry.
(Pause.)
BY DR. THOMPSON:
Q. Okay. Let's go to page 43. The paragraph that begins with "Based on the available data."
A. (Nods head.)
Q. Based on the available data, ovarian cancer was identified as a critical health effect for the perineal route of exposure to talc, and a long discussion of why that is.
Data from a meta-analysis of epidemiological studies indicate a consistent and statistically significant positive association between perineal exposure to talc and ovarian cancer, with several references.

Would the ovarian cancer referred to in that clause include all the subtypes of epithelial ovarian cancer?
MR. ZELLERS: Objection, form.
A. Yes, because those papers that they discussed, many of them include all subtypes or don't separate and just call it epithelial ovarian cancer.
BY DR. THOMPSON:
Q. And the last sentence: Given that there's a potential for perineal exposure to talc from the use of various self-care products, a potential concern for human health has been identified.
And that would include all the subtypes of epithelial ovarian cancer?
MR. ZELLERS: Objection, form.
BY DR. THOMPSON:
Q. Is that right?
A. Yes.
DR. THOMPSON: That's all.
MR. ZELLERS: I have no further questions. Thank you.
THE WITNESS: Thank you.
(Time noted: 4:41 p.m. CDT)

CERTIFICATE

I, MICHAEL E. MILLER, Fellow of the Academy of Professional Reporters, Registered Diplomate Reporter, Certified Realtime Reporter, Certified Court Reporter and Notary Public, do hereby certify that prior to the commencement of the examination, JUDITH WOLF, M.D. was duly sworn by me to testify to the truth, the whole truth and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a verbatim transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth, to the best of my ability.

I DO FURTHER CERTIFY that pursuant to FRCP Rule 30, signature of the witness was not requested by the witness or other party before the conclusion of the deposition.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

MICHAEL E. MILLER, FAPR, RDR, CRR
Fellow of the Academy of Professional Reporters
NCRA Registered Diplomate Reporter
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Notary Public in and for the
State of Texas
My Commission Expires: 7/9/2024

Dated: September 16, 2021

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Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.
After doing so, please sign the errata sheet and date it.
You are signing same subject to the changes you have noted on the errata sheet, which will be attached to your deposition.
It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate and may be used in court.